

Field Office: _____ County _____ Date _____

District Conservationist's Signature: _____

Name and code of practice being addressed:

Nature of variance: (Attach plan and supporting worksheets, etc.)

Difference from practice specification:

Application date planned: _____

Justification for variance:

Plan for monitoring, evaluation, and status reporting of installed variance:

Practice monitored by: _____

Monitoring procedure: _____

Monitoring dates: _____

Years practice will be monitored and evaluated: _____

Date status report will be submitted to SRC or SCE: _____

APPROVALS

Assistant State Conservationist/Field Operations

Approved/Not Approved
(Circle one)

Date: _____

State Office Specialist

Approved/Not Approved
(Circle one)

Date: _____

State Resource Conservationist or
State Conservation Engineer

Approved/Not Approved
(Circle one)

Date: _____